Coronavirus Relief Fund Eligibility Memo Request Form

Directions for Use You may scan and e-mail the reimbursement request and all supporting documentation ______ Reference Requesting Entity/Department/Agency in subject line. **Questions** Please address all Questions via email to Requests Request Date Priority Drop Down List Emergency Very Urgent Urgent Category Drop Down List: Equipment Labor Materials **Professional Services** Vendor Provided Service Expense Type Drop Down List Capital Non-Capital Requesting Entity/Department/Agency Request Number Enter Entity/Department/Agency Finance Use Only

Contact Information for Requesting Entity	T. A. d
Authorized Depresentative	The Authorized Representative should be authorized to make
Authorized Representative	all reimbursement requests.
Authorized Representative - Title	
Authorized Representative - Phone	
Authorized Representative - Phone Ext.	
Authorized Representative - Email	
	The Contact Person should be the individual that can be contacted with questions related to the reimbursement request
Contact Person (if different than above)	and / or supporting documentation.
Contact Title	· · · · ·
Contact Phone	
Contact - Phone Ext.	
Contact Email	
Other Relevant Contact Information (Ontional)	

Eligibility for Expense Reimbursement	
Expense Eligibility Category	Drop Down List
	Medical
	Public Health
	Payroll expenses
	Compliance
	Economic support
	Reasonably necessary
Amount Requested	
Brief narrative description of the reimbursement being requested	Provide background and justification for request
Describe how expenses are related to COVID19?	
Are the supplies, equipment or services being procured/reimbursed based on or consistent	
with local, state or national health official guidance? If yes, please provide a reference or link	
to guidance. Attach any guidance to your request	
Describe all cost comparison or cost reasonableness measures taken; Provide analysis in	
attachments	5 5 U.W. N
Part of Existing Contract?	Drop Down List: Yes or No
Has your entity, department, agency worked with vendor, contractor or supplier before?	Drop Down List: Yes or No
Timeline for delivery of services or supplies?	Drop Down List
Timeline for delivery of services of supplies:	Immediate
	30 Days
	60 Days
	90 Days
	More than 90 Days
Attachments:	
	Include related purchase orders, additional justification, cost
	reasonableness, options assessed and recommendation,
	guidance requested,
	You may scan and e-mail the reimbursement request and all
	supporting documentation toReference
	Requesting Entity/Department/Agency in subject line

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Requests	
Request Date	
Priority	
Category	
Expense Type	
Requesting Entity/Department/Agency	
Request Number [Finance Use Only]	
Contact Information for Requesting Entity	
Authorized Representative	
Authorized Representative - Title	
Authorized Representative - Phone	
Authorized Representative - Phone Ext.	
Authorized Representative - Email	
Contact Person (if different than above)	
Contact Title	
Contact Phone	
Contact - Phone Ext.	
Contact Email	
Other Relevant Contact Information (Optional)	
Eligibility for Evnance Beimburgement	
Eligibility for Expense Reimbursement	
COVID-19 Expense Eligibility Category Amount Requested	
Was this a budgeted expense as of March 27, 2020?	
Will this expense be paid between March 1 and November 2, 2020?	
Brief narrative description of the reimbursement being requested. Provide product details	
and specification required, or services details required.	
and specification required, or services details required.	
Describe how expenses are related to COVID-19. Provide details about the changes	
required to respond to or prevent COVID-19 (hours of operation, telework vs. in office	
work, changes in the physical facility, increased or decreased demands on services, etc.).	
Are the supplies, equipment or services being procured/reimbursed based on or	
consistent with local, state or national health official guidance? If yes, please provide a	
$reference\ or\ link\ to\ guidance.\ Attach\ any\ guidance\ to\ your\ request.\ Attach\ all\ quotes\ from$	
selected vendor(s).	
Describe all cost comparison or cost reasonableness measures taken; Provide analysis in	
attachments, along with copies of all quotes, bids or screenshots of pricing research. If	
purchased outside current procurement policies, provide approval from appropriate	
authority.	
Part of Existing Contract? If so, describe term (start / end dates). Did procurement include	
this type of expenditure, and if not, how is this eligible under this contract?	
this type of expenditure, and if not, now is this engine under this collect?	
Has your entity, department, agency worked with vendor, contractor or supplier before?	
Timeline for delivery of services or supplies?	
Attachments: See Instruction Sheet	